

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. _____

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To Ramo-Wooldridge Corporation
(Payee)

Los Angeles 45, California
(Address) (City) (State)

Page 1 of 1

PAID BY

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Discount Terms	INVOICE NO.				
			2135			29,816	92
			2136			260	93
			2137			11,498	81
			2138			1,279	17
			2139			17,684	20
			2140			930	41

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total 61,470 44

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

(Sign original only)

Differences _____

Date _____ *Payee _____
(This certificate not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for 61,470 44

(Signature or initials) *EE*

Per _____ Title _____

Contract No. A-101 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for pay

† Approved for \$ _____

By _____
(Approving Officer)

SIGN
ORIGINAL
ONLY

STATOTHR
(Contracting Officer)

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

STATOTHR

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in
{ Cash, \$ _____, on _____, 19____. Payee _____ } favor of payee named above.

(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as the case may be, must be written in full, as follows: "John Doe Company, per John Smith, Secretary", or "John Doe Company, per John Smith, Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and his official title.

Title _____

Approved for Release 2002/06/10 : CIA-RDP64-00360R000600020061-7

SERVICES OTHER THAN PERSONAL

Bu. Vou. No. 2135

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To

(Payee)

PAID BY

Rec'd #1
DPS 2238
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				29,816.	92
PAYMENT: Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final <input type="checkbox"/>				Use continuation sheet(s) if necessary			
Shipped from _____ to _____		Weight _____	Government B/L No. _____	Total	29,816.92		
I certify that the above bill is correct and just and that payment has not been received.				(Payee must NOT use this space) Differences _____ _____ _____			
STATOTHR (Sign original only)				Amount verified; correct for _____		29,816.92	
Date 7/3/58 *Payee _____ (Certificate not required when a like certificate is made by payee on attached bill or bills)				(Signature or initials) <i>EE</i>			
Contract No. A-101		Date _____	Req. No. _____	Date _____	Invoice Rec'd.		

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____
(Authorized Certifying Officer)

By _____

**SIGN
ORIGINAL
ONLY**

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____, on _____, 19____, Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary" or "Treasurer", as the case may be.
† If the ability to certify and authorize payment is in doubt, the certifying officer should sign in his own name and capacity; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per _____

Approved for Release 2002/06/10 : CIA-RDP64-00360R000600020061-7

STATOTHR

Approved For Release 2002/06/10 : CIA-RDP64-00360R000600020061-7

Approved For Release 2002/06/10 : CIA-RDP64-00360R000600020061-7

3/16/58

Continued to Sheet #4

